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ABSTRACT

This paper examines the organization and administration of the elementary adapted physical education program in the Indiana Area School District. The program, designed to meet special needs of pupils with temporary or permanent physical deficienceis, contains two basic phases: (a) the modified phase, which retains most of the activities of the regular program with adaptations for each individual pupil, and (b) the remedial phase, which includes the scientific use of special activities to build or rebuild normal strength and function in the affected body part. In an effort to describe the operational aspects of the program, this document emphasizes aims and objectives, personnel, organizational structure of the elementary adapted physical education team, screening procedures, referral procedures, scheduling, student examinations, student records, and evaluation. (A screening test, screening materials, forms, and letters are included in the appendixes.) (MJM)

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THE ORGANIZATION AND IMPLEMENTATION OF AN ELEMENTARY ADAPTED PHYSICAL EDUCATION PROGRAM

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A PAPER

PRESENTED TO

AMERICAN ALLIANCE FOR HEALTH

PHYSICAL EDUCATION AND RECREATION

NATIONAL CONVENTION

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by

Royden P. Grove

March 14, 1975

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INTRODUCTION

Adapted physical education is not a new area of physical education in the state of Pennsylvania or any other state throughout the nation. However, little is known about the benefits this type of program can provide since such programs are rare. Physical educators, as well as some medical authorities, have long felt there is a definite need for adapted physical education programs in the schools because they tend to help children who are not severe enough to qualify for therapy and clinical work yet could benefit from a special program of exercise to help strengthen or correct some physical weakness or problem.

Many adults today suffer from back pain or pains brought on by foot or postural problems. These might have been prevented if at an early age their muscles had been strengthened so these problems could have been avoided. Medical authorities have stated that these problems must be corrected early - before the bones are completely formed. For some youngsters, even by school age it is too late but for the majority of those with problems, help can be given during the school years. States such as California, Illinois, and Pennsylvania have been leaders in this field but with so much emphasis in recent years on physical fitness, others have followed. Where it has been tried, school and medical personnel feel it has helped although the only conclusive results will be adults with fewer back pains and foot problems.

In Pennsylvania, a mandate was issued in 1966 by the Department of Education stating that all schools in the Commonwealth should provide an adapted physical education program so that all children can participate in some form of physical education. In just five years, 25,000 youngsters

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who previously were excused from all physical activity, were involved in some type of physical education program.(2) The Department of Education provided a team of consultants and advisers to aid school districts in initiating adapted physical education programs at all school levels. Any school district that desires to improve their present physical education program must include adapted physical education in the total educational program.(1)

In accordance with the mandate of 1966, Dr. Robert P. Martin, Superintendent of the Indiana Area School District, Indiana, Pennsylvania, that same year asked all district physical education teachers to meet and draw up guidelines for such a program. These guidelines would then be presented to the school board along with a request to add such a program to the school's curriculum. Through a series of meetings, the physical education teachers defined the purpose of the program, stated the personnel that would be needed and their duties, how the pupils would be screened for the program, explained the operation of the program on all levels from kindergarten through twelfth grade, and made special recommendations to the board concerning necessary steps that must be taken before such a program could be implemented. In May, 1967, this information was presented to the School Board for their approval to add adapted physical education to the physical education program.

The purpose of this paper is to explain the organization and administration of the elementary adapted physical education program in the Indiana Area School District.

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AIMS AND OBJECTIVES

The Indiana Area School District defines adapted physical education as a program which is designed to meet the special needs of pupils with temporary or permanent physical deficiencies. The activities of the program should enable pupils with temporary deficiencies to make improvements that will lead to normal participation in the regular physical education classes, and those pupils with permanent deficiencies to participate in physical activities especially adapted to their individual needs.

There are two basic phases to the adapted physical education program: (1) the modified phase, which retains most of the activities of the regular program with adaptations for each individual pupil, and (2) the remedial phase, which includes the scientific use of special activities to build or rebuild normal strength and function in the affected body part.

Specifically, the Indiana Area Elementary Adapted Physical Education Program attempts to help each child attain:

1. A basic understanding of his physical potentialities as well as his limitations, and to develop acceptance of the need to live with them.
2. A correction of remedial defects and improvement of faulty body mechanics.
3. An opportunity for the development of organic vigor within the limits of the disability.
4. An opportunity to develop skills in recreational sports and games within the limits of the disability.
5. An opportunity for normal social development through physical activities appropriate to their age group and interests.

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PERSONNEL

The cooperation and support of school personnel is extremely important in order for the adapted physical education program to function. The approval and support of the Board of Education and district superintendent is of primary importance. The Elementary Adapted Physical Education Program for the Indiana Area School District relies upon the direction and assistance of the Director of Elementary Education for smooth program operation throughout the various elementary schools.

The immediate school personnel who are involved in the operation of the program are considered members of the "Adapted Physical Education Team". This "Team" consists of (1) the building principal, (2) the adapted physical education teacher, (3) the school physician, (4) the school nurse, (5) the building physical education teachers, and (6) classroom teachers. It is the close cooperation and working relationships of these "team" members that provides for the smooth operation of the program.

Each "team" member has specific functions and responsibilities.

The school principals will:

1. Provide support and coordination for the program within the school
2. Assist in providing a proper area for instruction
3. Assist in scheduling students where feasible and when necessary
4. Act as liaison between school departments, administrative levels, as well as between school and community.

The adapted physical education teacher will:

1. Take the initiative in developing the program
2. Present the program to the administration

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3. With the assistance of the other elementary physical educators, conduct screening examinations for adapted cases using personal observation and fitness test data

4. Consult with other members of the "team" when individual cases so warrant

5. Assume responsibility for all consultations with the school physician when professional medical advice is needed

6. Supervise the individual pupil during the adapted activities

6. Provide a good public relations program for the district concerning adapted physical education.

The school physician will:

1. Help to promote the adapted program and seek professional medical support

2. Serve as the medical adviser on the "team"

3. Act as liaison between the school and other physicians in the area

4. Examine and reevaluate each student's needs in the program

5. Help revise the program as it progresses

6. Aid in student referrals to the program.

The school nurse will:

1. Serve as the medical team member on the job

2. Help screen pupil's using school medical records

3. Act as a liaison between the school physician and parents

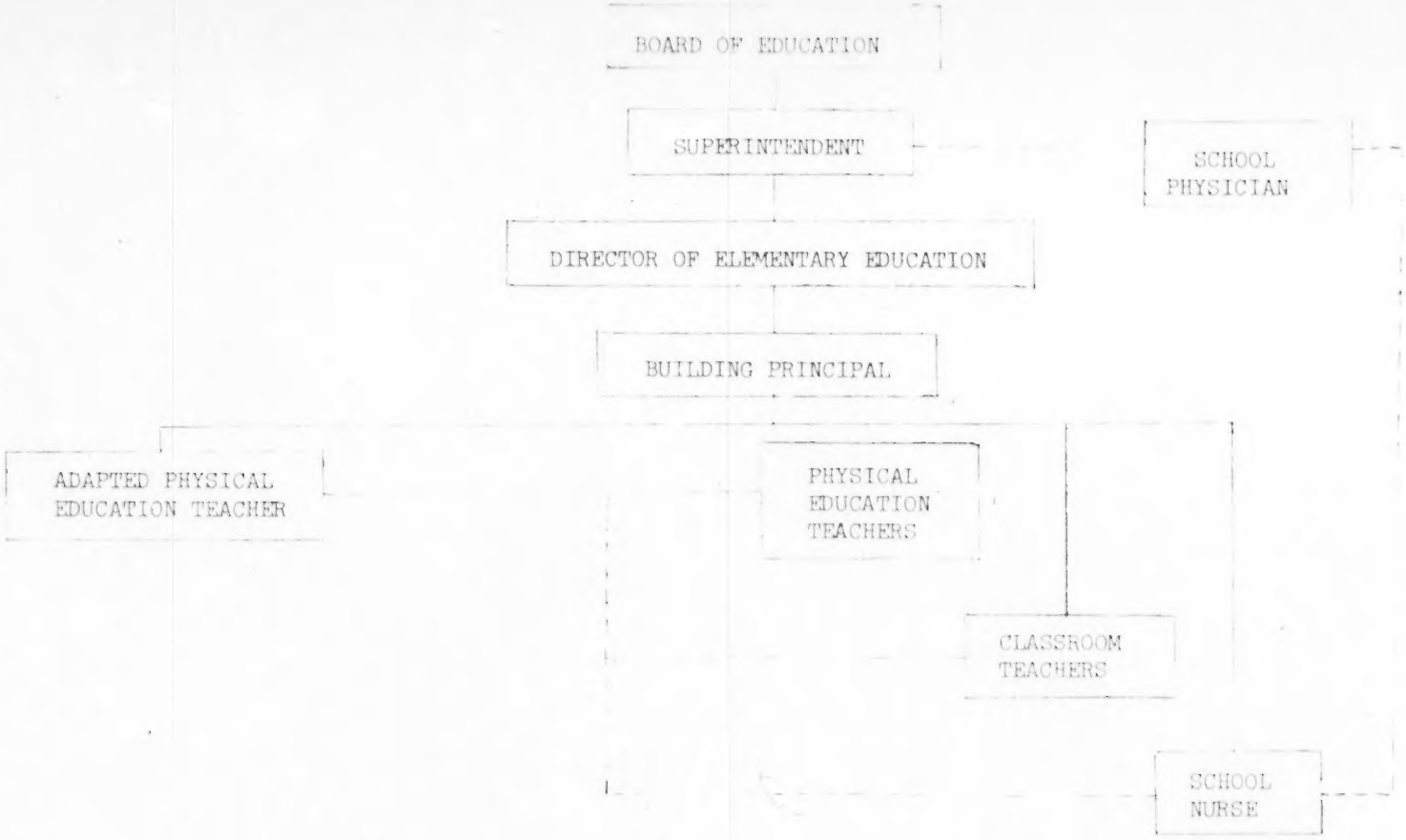
4. Act as a liaison in informing parents concerning the program when necessary

5. Aid in student referrals to the program.

The building physical education teacher will:

1. Aid in screening classes for possible adapted students by using personal observation and the results of the American Association for Health, Physical Education, and Recreation Physical Fitness Test

ORGANIZATIONAL STRUCTURE OF THE ELEMENTARY ADAPTED PHYSICAL EDUCATION TEAM



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2. Aid in student referrals to the program

3. Consult with other members of the "team" when individual cases so warrant

4. Give moral support and encouragement to children in the program

5. Act as a liaison in informing parents concerning the program when necessary.

The classroom teacher will:

1. Aid in screening classes for possible adapted students by using personal observation

2. Aid in student referrals to the program

3. Cooperate in the scheduling of students for screening examinations and class instruction

4. Give moral support and encouragement to children in the program

5. Act as a liaison in informing parents concerning the program when necessary.

SCREENING PROCEDURES

Screening all students for possible deficiences that adapted physical education can improve is one of the first necessary steps. It is through this procedure that the modified and remedial aspects of adapted physical education becomes apparent. Three methods for screening elementary students in the Indiana Area School District are used. First and perhaps the most complete screening examination is the general Postural Screening Examination which consists of 61 various items that can be checked when determining the children's status and needs. This screening test can be found in Appendix A. It is the test recommended by the Department of Education, Harrisburg, Pennsylvania. (1) To develop more validity for the screening examination,

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the adapted physical education teacher developed a manual of instruction which can also be found in Appendix A for the conducting of the screening exam.

During the first year the program was in operation, it was necessary to screen all students from grades, kindergarden through sixth, in the Indiana Area Elementary Schools. With the cooperation of the elementary physical education staff and the administration, two weeks were scheduled to conduct the screening examination. The physical educators, through a series of meetings and with the aid of the manual of instructions for conducting the screening examination were able to establish specific procedures that were followed in conducting the screening examination. This was necessary in order to determine the program needs for the first year of operation.

In the following years, it was not necessary to re-screen the total elementary school enrollment each year. A screening examination is conducted with all students who are new to the district since the date of the last screening examination. These students include all kindergarden children, and those who have enrolled in the Indiana Area School District for the first time.

Since this test is a mass or general screening examination, the results are not considered to be final and conclusive. After completing the general screening examination, an individual screening examination is conducted of each student whose name was indicated or the screening examination form as having a possible condition that might warrant further consideration. This Individual screening exam is conducted by the adapted physical education

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teacher on a one-to-one basis. The purpose is to conduct a more thorough screening of each student so as to determine his specific needs in relation to the adapted physical education program.

A second method used to screen children occurs only in grades five and six. Since it is a school district requirement that all students in grades five and six must be given the American Association for Health, Physical Education, and Recreation Physical Fitness Test twice a year, in September and in May, this test is used as one of the criteria for determining a student's need for developmental work. To help determine a student's need for developmental work based on low physical fitness results, minimum standards which are listed in Appendix A. were established to act as guidelines for the adapted physical education teacher. If a child is unable to reach the minimum standards on a majority of the fitness tests, he/she is scheduled for developmental exercises in the adapted physical education program.

A third method of screening children for adapted physical education is that of screening all medical records and health examinations which are kept on file by the school nurse. With the nurse's cooperation, the adapted physical educator at the beginning of each school year meets with her to discuss all the recent findings and medical records that she has been able to compile. As a result of this meeting, the adapted physical education teacher is able to establish the needs of these students for his program.

REFERRAL PROCEDURES

There are a number of referral methods that can be used to place a student in the adapted physical program. Perhaps the most common referral used in the elementary schools of the Indiana Area School District is the

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teacher referral. A form used for this type of referral can be found in Appendix B. This procedure is very beneficial to the student as well as the program. Physician referrals are especially helpful in cases where a child is not permitted to participate in the regular physical education program and therefore his activities must be restricted to the degree that adapted physical education can benefit the condition. In some instances family referral have been accepted in order to place a child in a program that will be of value to a particular condition which exists. Parents are not always knowledgeable as to the specific reason for a child's condition but they are aware that a condition exists that could be corrected in the adapted physical education program.

SCHEDULING

There are many facets to scheduling adapted physical education classes in the four elementary schools of the Indiana Area School District. Perhaps of first importance is the establishment of a priority as to the order in which students are placed in the program. The philosophy of the program is that children having a handicap or congenital birth defect be given first priority in scheduling classes. Students with postural problems that can be improved with exercises are considered second in scheduling. Students with low fitness test results, poor coordination, or who are overweight are given the last consideration when scheduling. Even though there is a priority as to how a student is scheduled into the adapted physical education classes, children from all three categories do participate in the program.

It is extremely important that classes in adapted physical education are established so that students doing exercises for a certain condition are placed in the same class. The scheduling is also designed so that children

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of the same level (primary, middle, intermediate) and having the same condition are scheduled in the same class. This is done so that they will not only benefit from the level of instruction but will also have similar interests that specific age groups exhibit.

In accordance with the type and level of class being scheduled, the number of students in the class is then determined. The younger the student and the more difficult the exercise instruction required, the smaller the class size.

All children participating in the elementary adapted physical education program are scheduled for two, twenty minute class periods per week. These classes consist of instruction in exercises which will benefit the condition and activities which will challenge the student.

The most difficult part of scheduling adapted classes is establishing a schedule that is suitable for each group of children at a particular school. The enrollment of the elementary building determines the number of classes that are scheduled.

It is the policy of the adapted program to schedule adapted physical education classes in addition to and not in place of the regular physical education classes. It is also the policy that no child is to be scheduled to participate in an adapted class at the same time he/she is scheduled to have another special subject such as art, vocal music, instrumental music, Spanish, remedial reading, speech correction, or regular physical education.

As a result of this policy, a child is scheduled for adapted classes while their class is having one of their regular school subjects such as reading, science, English, math, or social studies. The only policy pertaining to scheduling a student during one of these subjects is that he/she should not miss a subject twice in one week. For example, a child

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leaving reading class on Monday for an adapted physical education class, cannot miss reading again on Thursday. The schedule must therefore be designed so that the student is scheduled from two different regular school subjects for his/her two weekly classes.

STUDENT EXAMINATION

It is a strict policy of the Indiana Area School District elementary adapted physical education program that all students must receive an examination by the school physician or family physician before being placed into the adapted program. Before a list of students is compiled for examination, the adapted physical education teacher must determine what students, according to the priorities established and the schedule that has been set up, can participate successfully without conflict in the program. This is why proposed students are first scheduled tentatively. After a tentative class schedule has been determined, physical examinations are scheduled for all of the students who were recommended.

Through the cooperation of the school nurses, the school physician visits each elementary building to conduct the examinations of prospected students. The adapted physical education teacher presents the school nurse with a list of students and the condition he has suggested for each. If the physician, after the examination, agrees that the student does in fact have the condition suggested and that adapted activities will benefit the child, he then signs the referral form which gives approval for the student to begin adapted physical education activities. An example of the referral form can be found in Appendix B. No student can participate in adapted physical education without the approval of a physician.

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Before actual class instruction begins, an activity guide such as is found in Appendix B, is developed to explain what exercises and limits should be established for each student and his/her specific condition. The referral form and activity guide are then returned to the physician for his approval. The approval of the activity guide gives the teacher permission to carry out the exercises and activities that he designed for each student. Under no circumstances does the adapted physical education teacher diagnose conditions or prescribe exercises for students. He merely suggests possible conditions and exercises that would be beneficial to the students for the physician's approval. Diagnoses of conditions and prescription of exercises is the prerogative of the medical doctor only.

After the medical doctor's approval is given, the student is then ready to begin instruction. On the day a student begins classes, his or her parents will receive a letter by mail informing them that their child has been placed in the adapted physical education program. This letter can be found in Appendix B. Time is then set aside so that parents can have their questions answered or can come for visitations. Questions and visitations are encouraged because it provides a better understanding of the purpose and value of the program as well as the benefits to the child.

ADAPTED PHYSICAL EDUCATION RECORDS

Records are a vital part of the success of any worthwhile educational program. This is as important in adapted physical education as in any school program. Complete student records are kept of all vital information pertaining to each child that participates in the program. In the Indiana Area School District an adapted physical education record such as is found in Appendix B, is kept in triplicate. One copy is placed on file in the

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health office, one in the student's cumulative record folder, and one in the adapted physical education teacher's office. These records are available to any professional employee of the school district upon request and are considered as confidential material just as other records pertaining to school business are.

Once a student of the adpated physical education has transferred from the district or has gone to seventh grade within the district, the record travels with all other school records as a part of the student's cumulative school record. This information can then be used by other school personnel to help in the physical development of the child.

EVALUATION

Student and program evaluation are vital factors in the success of the adapted physical education program. Student evaluation is an individual matter determined by a wide range of conditions and the rate of improvement upon the individual's condition. At the beginning of each school year and again at mid-term, each student who had participated in the program the previous semester is reevaluated by the adapted physical education teacher. If the student has improved to the level commensurate with that of the average student at his peer level, his/her name would be removed from the adapted physical education class rolls. Before the adapted physical educator makes the final decision concerning the pupils removal from the program, the child is reexamined by the school physician for the final decision concerning withdrawal. Those students that are continued in the program are not reexamined by the physician.

Before the reorganization of the adapted physical education schedule at the beginning of a new school year, the adapted teacher conducts a self-

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evaluation of the entire program. Many aspects of the program are investigated for possible improvement or change. Following the self-evaluation, he then consults with members of the adapted physical education team to present his suggestions for improvement or change, so as to seek their opinions concerning the new proposals. At this time the team members are invited to give suggestions that would improve the program.

Although these are the primary methods used for evaluation, thought and consideration is given to student and parent feedback concerning the program.

SUMMARY

It is an established fact that physical education is an integral part of general education. But, if physical education is to provide an opportunity for all students to develop physically, mentally, emotionally and socially, adapted physical education must be included as an integral part of the physical education program. Adapted physical education is the program that is designed to meet the special needs of pupils with temporary or permanent physical deficiencies. Even though the adapted program includes two basic phases, the modified and remedial, the class enrollment will be small in comparison to regular physical education classes. This, however is vital if the program is to help each child attain the objectives as described for the program.

The importance of the various members of the adapted physical education team can not be overemphasized. The close cooperation and working relationship of the various members is extremely important to the success of the program. The role of the school physician in providing professional medical support will determine the success or failure of any adapted program. How-

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ever, without the cooperation of the school administration and personnel, it would be extremely difficult to achieve a worthwhile program.

The various screening procedures which are used in the adapted program are a vital step in determining program needs and development. Only through a complete understanding of the nature and extent of the various conditions that exist, can the adapted physical educator plan a program that will truly meet the physical needs of the students.

Using the many facets in scheduling adapted physical education classes in the elementary schools of the Indiana Area School District, the teacher attempts to schedule students according to the priorities which have been established. The size of the classes is determined by the age of the students and the specific condition for which the students have been scheduled. A minimum of two adapted classes per student per week is necessary if any success can be achieved. These classes must be scheduled in such a way that no conflict will result with other special subjects and class participation will not deter academic performance of the student.

Student examination by medical personnel is the most necessary part of the child's acceptance into the program. Only with the consent and prescription of exercises by a physician can a child participate. The importance of maintaining appropriate records is essential to program development and success. Adequate records must be kept to provide a history and evaluation of each student.

Program evaluation is as important to the successful development of the adapted physical education program as student evaluations. The various professional abilities of the "team" members provide a solid background for this evaluation. The input that these professional people receive from their various relationships with students, parents, and community provides

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valuable information for determining program weaknesses and needs for the future. The "team's" day-to-day contact with the public can also aid in determining the program's assets which possibly can be expanded in the future. Evaluation of the program from the "team" approach will serve as a beneficial aspect of the entire program.

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LIST OF REFERENCES

1. Guidelines for Adapted Physical Education. Department of Public Instruction, Commonwealth of Pennsylvania, Harrisburg, Pennsylvania, 1966.

2. Loyd, R. Glen. "New Break for the Gym Dropout," Today's Health, 47 3, (March, 1969), pp. 38-43, 81-83.

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APPENDIX A:

SCREENING TEST AND MATERIALS

The Screening Examination for Elementary Adapted Physical Education 20

Instructions for Conducting the Screening Examination for Elementary Adapted Physical Education 26

Standards for A.A.H.P.E.R. Test 33

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INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania

THE SCREENING EXAMINATION

for

ELEMENTARY ADAPTED PHYSICAL EDUCATION

Examiner _____

Date _____

School _____

Level _____

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NAMES OF STUDENTS																
A, Miscellaneous Disorders																
A-1. Heart																
A-2. Post-polio																
A-3. Post-operative																
A-4. Post-illness																
A-5. Cerebral Palsy																
A-6. Epilepsy																
A-7. Amputee																
A-8. Congenital																
A-9. Other																

COMMENTS:

B. Frontal Position Arms Extended 180°																
B-1. Restricted Range of Motor																
B-2. Upper Extremity Deformities																

COMMENTS:

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NAMES OF STUDENTS

C. Frontal View Deviations															
C-1. Overweight															
C-2. Underweight															
C-3. Lateral Head Tilt															
C-4. Torticollis															
C-5. High Shoulder															
C-6. Unequal arm suspension															
C-7. Funnel chest															
C-8. Pidgeon breast															
C-9. Asymmetry of chest															
C-10. High hip															
C-11. Knock Knees															
C-12. Bow legs															
C-13. Knee cap displacement															
C-14. Foot abduction															
C-15. Foot adduction															
C-16. Foot pronation															
C-17. Toe deformity															
C-18. Other															

COMMENTS:

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NAMES OF STUDENTS															
D. Anterior Posterior View															
D-1 Forward head															
D-2. Flat chest															
D-3. Round shoulders															
D-4. Kyphosis															
D-5. Round back															
D-6. Lordosis															
D-7. Exaggerated palvic tilt															
D-8. Abdominal ptosis															
D-9. Hyperextended knees															

COMMENTS:

E. Posterior View															
E-1 High shoulder															
E-2. Scoliosis															
E-3. Winged scapula															
E-4. High hip															
E-5. Achilles deviation															

COMMENTS:

NAMES

OF

STUDENTS

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F. Posterior View Trunk Flexed																
F-1. Upper back bilateral asymmetry																
F-2. Restricted range of motion																

COMMENTS:

G. Gait Analysis																
G-1. Non-rhythmical																
G-2. A-P balance																
G-3. Lateral balance																
G-4. Toes inward																
G-5. Toes outward																
G-6. Improper transmission of body weight																

COMMENTS:

H. Footprint																
H-1. Pes planus																
H-2. Pes cavus																

COMMENTS:

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NAMES OF STUDENTS															
I. Frontal Position Long Sitting															
I-1. Calluses															
I-2. Warts															

COMMENTS

J. Fitness															
J-1. Upper back															
J-2. Lower back															
J-3. Abdominals															
J-4. Arm flexors															
J-5. Arm extensors															
J-6. Legs															

COMMENTS:

K. Coordination															
K-1. Jumping Jacks															
K-2. Balance															

COMMENTS:

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INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania

INSTRUCTIONS FOR CONDUCTING

THE SCREENING EXAMINATION

FOR

ELEMENTARY ADAPTED PHYSICAL EDUCATION

Prepared by
Royden P. Grove
Elementary Adapted Physical Education
Revised April, 1973

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INSTRUCTIONS FOR CONDUCTING THE SCREENING EXAMINATION FOR ADAPTED PHYSICAL EDUCATION

The screening examination is designed to identify the children who need special attention. The examination is not to be used for detailed evaluation and programming of an individual's needs. Appropriate evaluative techniques, and special programs will be determined at a later date.

When the children are assembled for the screening examination, several questions should be asked by the instructor to obtain information that will not be gained by means of the screening techniques employed.

The teacher may assume that this information is readily available from the health history, however, children are often treated by more than one doctor and it is not an infrequent occurrence for a child to know about a personal problem that is not recorded in his health history. This situation is more likely to occur at the upper elementary or secondary levels when the child has a longer history and has been treated by more doctors.

The question should be asked: "Have any of you had, or do you have, any illness or injury that may affect your participation in physical education?"

1. Rheumatic fever?
2. Heart condition?
3. Back pain?
4. Joint injuries?
5. Long period of illness?
6. Epilepsy?
7. Post-operative condition?
8. Congenital abnormalities?
9. Others?

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If the teacher feels that the children in his class may be reluctant to volunteer personal information before his peers, ask them to report such information to the teacher at the conclusion of the class. When a child reveals a problem that has not appeared in his health history, the condition should be checked on Part A of the screening form. The teacher should then check with the doctor to determine the kind of program that will be appropriate.

The form provided for the examination makes it possible to screen a large class of children in a short period of time. The form provides, in the left column, many of the physical problems that require special programs, and at the top, a row of spaces for names. When a child is identified as obese, for example, his name is written at the top of the column and a check-mark is placed after the word obese in the appropriate row. Since it is not likely that more than five or six adapted cases will be found in one class, one form should suffice for the average class.

SCREENING PROCEDURES

The children should be dressed in such a way that postural deviations are readily recognizable. In addition to saving time, examining a group of children, rather than one at a time, makes it possible to make intragroup comparisons so that individual variations are more readily detected.

Below are instructions for giving each part of the screening test. After the directions for each section, some of the terms which are not as obvious as the more common ones such as overweight and underweight are explained. If there are additional terms that the examiner is not familiar with, he should consult some of the sources listed in the bibliography.

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1. Instruct the children to extend their arms overhead and check items listed under B "Frontal Position Arms Extended 180°. Check items B-1 and B-2.

   a. (B-1) RESTRICTED RANGE OF MOTOR - check to see if each joint has a complete range of motion.

   b. (B-2) UPPER EXTREMITY DEFORMITIES - note any gross deformities of arms and hands, including loss of an arm, hand, or fingers. Also note any deformities or abnormalities of joints.

2. Instruct five to eight children to line up facing the instructor. Allow them to stand a minute or two so they will sink into their normal standing position. Check frontal view deviations C-1 to C-18.

   a. (C-4) TORTICOLLIS - there is a strong contraction of the muscles on one side of the neck. This causes the head to be tilted to that side with the chin pointed to the opposite side. This condition may be congenital or caused by injury or disease.

   b. (C-7) FUNNEL CHEST - a depression of the chest at the sternum.

   c. (C-8) PIDGEON BREAST - a bulging of the chest at the sternum.

   d. (C-9) ASYMMETRY OF CHEST - the ribs at their angles will tend to bend on the side on which the ribs become prominent at the rear, and the other side of its lateral dimension.

   e. (C-13) KNEE CAP DISPLACEMENT - may ride to side, usually toward lateral surface of the knee. Poor posture may cuase the femur to rotate in a point slightly toward the midline rather than straight ahead.

3. With the children in a standing position, have them do a right-face and then examine their anterior-posterior postures by checking items D-1 to D-9.

   a. (D-2) FLAT CHEST - a manner in which the chest is not carried in an elevated position, as is proper for good posture.

   b. (D-4) KYPHOSIS - sometimes referred to as round hollow back. There appears to be a combination of round upper back and lordosis.

   c. (D-6) LORDOSIS - is an exaggeration of the anterior-posterior (convex) curve in the lumbar portion of the spine.

   d. (D-9) HYPEREXTENDED KNEES - this is an extension of the knees. Weak muscles especially the hamstrings and stretched ligaments causing muscular imbalance and other conditions.

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4. Instruct children to stand, then do an about face. The instructor will now check items E-1 to E-5 under E "Posterior View."

   a. (E-2) SCOLISIS - lateral curvature of the spine.

   b. (E-3) WINGED SCAPULA - when the apex of scapula protrudes more than usual from the back.

   c. (E-5) ACHILLES DEVIATION - bowing in of achilles tendon with concavity on the outside when viewed from the rear.

5. Instruct the children to bend forward and allow their arms to hang down in the position they would assume if reaching toward their toes - tell them to relax in this position, that is, do not strain to reach toes. Now check items F-1 and F-2 of F "Posterior View Trunk Flexed.

6. With the children facing to the right, instruct the entire group to march (single file) around the area in which the examination is being conducted; bring them to a halt and have each child walk twenty to thirty feet while you observe his gait. Check items G-1 to G-6.

   a. (G-1) NON-RHYTHMICAL - walking with a limp or dragging of a foot.

   b. (G-2) A-P BALANCE - anterior-posterior balance refers to leaning forward or backward as one is walking.

   c. (G-3) LATERAL BALANCE - leaning to one side as one walks.

   d. (G-6) IMPROPER TRANSMISSION OF BODY WEIGHT - checking to see if the student places his feet properly as he walks (heel, ball, and toe).

7. Instruct each child to step into a box containing foot powder. The child then steps forward onto a piece of dark paper, leaving a foot-print. Another method is to step in water and then out onto a paper towel. From this imprint check items H-1 and H-2.

   a. (H-1) PES PLANUS - this is more commonly referred to as a flatfooted condition.

   b. (H-2) PES CAVUS - this is a less grave form of hollow or club foot. It involves extremely high arches and is due to heredity or congenital factors only.

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8. Instruct the children to assume a long-sitting position (feet toward the instructor) and check items I-1 and I-2 under D "Frontal Position Long-Sitting."

9. Part J consists of the Kraus-Weber upper and lower back test (position held 10 seconds) and the Kraus-Weber abdominal test (Knees flexed, 3 repetitions). Roger's pull-up and push-up (parallel bar dip) are used to test the arms while the one leg squat (knee to 90° angle) is used to test the legs. Check items J-1 to J-6.

   a. (J-1) UPPER BACK - the subject must be in a prone position, place hands behind his head with fingers clasped, and raise the upper portion of the body as high as possible off the floor with a partner holding one hand on legs and one on buttock.

   b. (J-2) LOWER BACK - the subject must be in a prone position, place hands on floor resting his head on them, and raise the lower portion of the body as high as possible off the floor with a partner holding one hand on the shoulder region of the back.

   c. (J-3) ABDOMINALS - the subject assumes a supine position placing his hands behind the head fingers clasped with his knees in a flexed position, feet flat on the floor. Three sit-ups must be done with the elbows touching the knees.

10. Coordination is checked by having the students execute the "jumping-jack exercise" with the legs jumping astride and also forward and backward. Balance can be checked by having the students stand with hands on hips and raise one leg. Check items K-1 and K-2.

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B. PERIODICALS

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STANDARDS FOR A.A.H.P.E.R. TEST - GIRLS

TEST	RATING	PERCENTILE	Ages 10	11	12	13
Flexed Arm Pull-up	Poor	40%	6	5	5	5
Shuttle Run	Poor	20%	13.1	12.9	12.6	12.4
Standing Broad Jump	Poor	20-25%	4'5"	4'3"	4'5"	4'6"
Sit-ups	Poor	20%	15	18	17	17
Softball	Poor	25-30%	38	48	55	63
50 Yard Dash	Poor	20%	9.5	9.0	9.0	8.8
600 Yard	Poor	20%	3:21	3:16	3:21	3:20

STANDARDS FOR A.A.H.P.E.R. TEST - BOYS

TEST	RATING	PERCENTILE	Ages 10	11	12	13
Pull-ups	Poor	40%	1	1	1	2
Shuttle Run	Poor	20%	12.3	12.0	11.7	11.5
Standing Broad Jump	Poor	20%	4'4"	4'7"	4'11"	5'2"
Sit-ups	Poor	20%	22	23	28	30
Softball	Poor	20%	82	94	102	115
50 Yard Dash	Poor	20%	9.0	8.7	8.3	8.0
600 Yard	Poor	20%	3:21	3:16	3:21	3:20

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APPENDIX B:

FORMS AND LETTERS

Teacher Letter and Referral Form	35
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Parent Letter	39
Student Record Form	40

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INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania
August 31, 1973

Dear Fellow Teacher:

This is the seventh year for the Adapted Physical Education Program in the Indiana Area Elementary Schools. This program aims to help any child that will benefit from a more specialized type of physical education class designed to meet his or her needs. If you are a new teacher to the Indiana Area School District and you are not familiar with this program, I will be more than happy to visit with you or your entire team to explain and discuss Adapted Physical Education. During the school year you may receive questions from parents concerning this program and I feel that it is my duty to help you to be informed as to it's organization and operation. The success of the children in this program depends largely upon the support and encouragement they receive from their parents and classroom teacher. If you and the parents are familiar with the program their success will be greatly enhanced.

During the next several weeks as you are learning the names and characteristics of your students, please be aware of any physical characteristics such as poor posture, improper gait, or poor coordination. If you should notice something that a child could receive help through the Adapted Physical Education Program please fill out the attached form and place it in my mailbox at your school. Even though your observations have not detected anything immediately, retain the attached form. During the school year, something may appear to you that you would like to inform me about concerning a particular student.

In order to determine what children will benefit from this program, a screening examination must be conducted. In the very near future you will receive letters which are to be sent home to parents of students who are new to the district this year and students that enrolled in the Indiana Area Elementary Schools after September of 1972. This letter is to inform the parents of a screening test that I will be conducting with their children and asking for their cooperation while conducting the examination. Please feel free to read a copy of the letter so that you can be better informed about the test. You will be notified as to what day I will be in your building so that you can inform your students to be ready for the examination. I will also inform you as to the specific time and place that the screening examination will be conducted. With so many children to screen, your help is needed to make this as efficient as possible.

Sincerely,

Royden P. Grove

Royden P. Grove
Adapted Physical Education Teacher

RPG:el

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ADAPTED PHYSICAL EDUCATION
TEACHER REFERRAL FORM

Date_____

Mr. Grove:

Please check the student or students I have listed below with the condition specified for each, to see if they would benefit in being in the Adapted Physical Education Program.

School_____Level_____Room____Teacher_____

ADAPTED PHYSICAL EDUCATION
TEACHER REFERRAL FORM

Date_____

Mr. Grove:

Please check the student or students I have listed below with the condition specified for each, to see if they would benefit in being in the Adapted Physical Education Program.

School_____Level_____Room_____Teacher_____

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INDIANA AREA SCHOOL DISTRICT

ADAPTED PHYSICAL EDUCATION FORM

Date_____

Dear Dr. _____:

All pupils enrolled in the Indiana Area School District participate in physical education activities which are designed to meet the growth and developmental needs of boys and girls. These activities are to be adapted to meet the needs of the individual pupil. Thus a pupil who is unable to participate in a whole program, due to a specific physiological condition, should have his program modified to meet and/or to improve his condition. To identify specific needs of each pupil, the physician, parents, and school personnel must work cooperatively. Will you please provide us with the information listed below so that we can provide appropriate activities for _____?
(pupil's name)

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined _____and find the following handicaps: _____

I recommend the following: (Check appropriate item or less)

_____ 1. No restriction on any type of activity.

_____ 2. Participation in all activities with the exception of intramural or interschool athletics.

_____ 3. Adaptations in physical education to fit individual needs.

- _____ a. Little running or jumping
- _____ b. No running or jumping
- _____ c. No activities involving body contact
- _____ d. Exercises designed for rehabilitation
- _____ e. Conditioning exercises

_____ 4. Other Adaptations: (specify) _____

_____

_____

_____ 5. The following remedial or corrective work is also suggested for the above mentioned pupil: _____

_____

_____

(if necessary, please attach additional instructions to this form)

I recommend the adaptation for a period of _____weeks, months, semester.

Date _____Signature_____

Address_____

Please mail this form to: Royden P. Grove
Eisenhower Elementary School
1460 School Street
Indiana, Pennsylvania 15701

ADAPTED PHYSICAL EDUCATION ACTIVITY GUIDE

A Guide for the Teacher and Physician
In Planning a Restricted Program of Physical Education

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Pupil_____ Date_____

School_____ Teacher_____

Adapted Physical Education

I. MOVEMENTS	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Bending					
Climbing					
Hanging					
Jumping					
Kicking					
Lifting					
Pulling					
Pushing					
Running					
Stretching					
Throwing					
Twisting					

II. Exercise	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Abdominal					
Arm					
Breathing					
Foot					
Head					
Knee					
Leg					
Neck					
Trunk					

*Very little activity
**Half as much as the unlimited program

III. ACTIVITIES	YES	NO	REMARKS
Running games			
Games-standing but no running or jumping			
Sitting games			

PHYSICIAN'S APPROVAL AND RECOMMENDATIONS

Approved_____ Recommended until_____ 19_____.

Comments:

Date_____ _____

Signature of School Physician

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Indiana Area School District
Indiana, Pennsylvania

September 4, 1973

Dear Parent:

This is the seventh year that the Indiana Area School District has provided an Adapted Physical Education Program for the children in the elementary schools. In order to determine what children will benefit from this program, a screening examination must be conducted with all students new to the district this year and children that enrolled in the Indiana Area Elementary Schools following September of 1972. With so many children to screen, your help is needed to make this as efficient as possible. The examination will be conducted by the elementary adapted physical education teacher during a specially designated time of the school day.

The test will be conducted at the Eisenhower Elementary School on Wednesday, September 5, 1973. Please have your child bring shorts to school on this day. We will provide sufficient time and a proper place for the children to change clothes before and after the period.

This program aims to help any child that will benefit from a more specialized type of physical education class designed to meet his or her needs. If your child is under treatment, or may be in the near future by a physician, we would appreciate a note indicating the physician's name and address. If there is anything in your child's health background that the school does not know that might be of value to this program, please contact your child's school nurse or Mr. Royden P. Grove, Adapted Physical Education Teacher, Eisenhower Elementary School, 1460 School Street, Indiana, Pennsylvania 15701. Telephone 463-8566.

We hope you will help us to provide a quality educational experience for your child.

Sincerely,

William G. McGary, Principal
Eisenhower School

WGM:el

INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania

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ADAPTED PHYSICAL EDUCATION RECORD

NAME _____ DATE _____
Last First Middle

ADDRESS _____ BIRTH DATE _____
Month Day Year

PARENT OR GUARDIAN _____ TELEPHONE _____

FAMILY PHYSICIAN _____ TELEPHONE _____

ADDRESS _____
No. Street City State

FINDINGS	RECOMMENDATIONS AND PROCEDURES
I. HEALTH HISTORY	
II. SCREENING TEST	
III. PHYSICAL FITNESS TESTS	
IV. DOCTOR'S DIAGNOSIS	
V. EVALUATION	

Test	Grade 5		6	
P-U				
S-U				
B-J	' "	' "	' "	' "
S-R	.	.	.	.
50	.	.	.	.
S-T	'	'	'	'
600	:	:	:	: